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Abstract

This monograph is designed to provide technical materials for counselor trainees. Its purpose is to help fill the void of published technical accounts. The papers included are very personalized and void of research documentation. The format was directed at allowing professional counselor educators to share their own technical ideas. Included in the monograph are the following: (1) An Insightist's Encounter with Behavior Therapy by Robert H. Woody, (2) Client and Counselor; A Personal View by Arnold M. Medvene, (3) A Counselor's Game by Kenneth R. Greenbert, (4) Children's Games: Diagnostic and Therapeutic Uses by Robert Freeman, (5) Simulated Films in Counseling by Paul G. Schauble, (6) Using the Counselor's Self to Deal with Transference by Robert H. Woody, (7) Thought Change as a Supplement to Counseling by Donald K. Pumroy, and (8) Self Induced Age Regression: A Technique for Breaking a Repression Block in Therapeutic Counseling by Robert H. Woody. (KJ)

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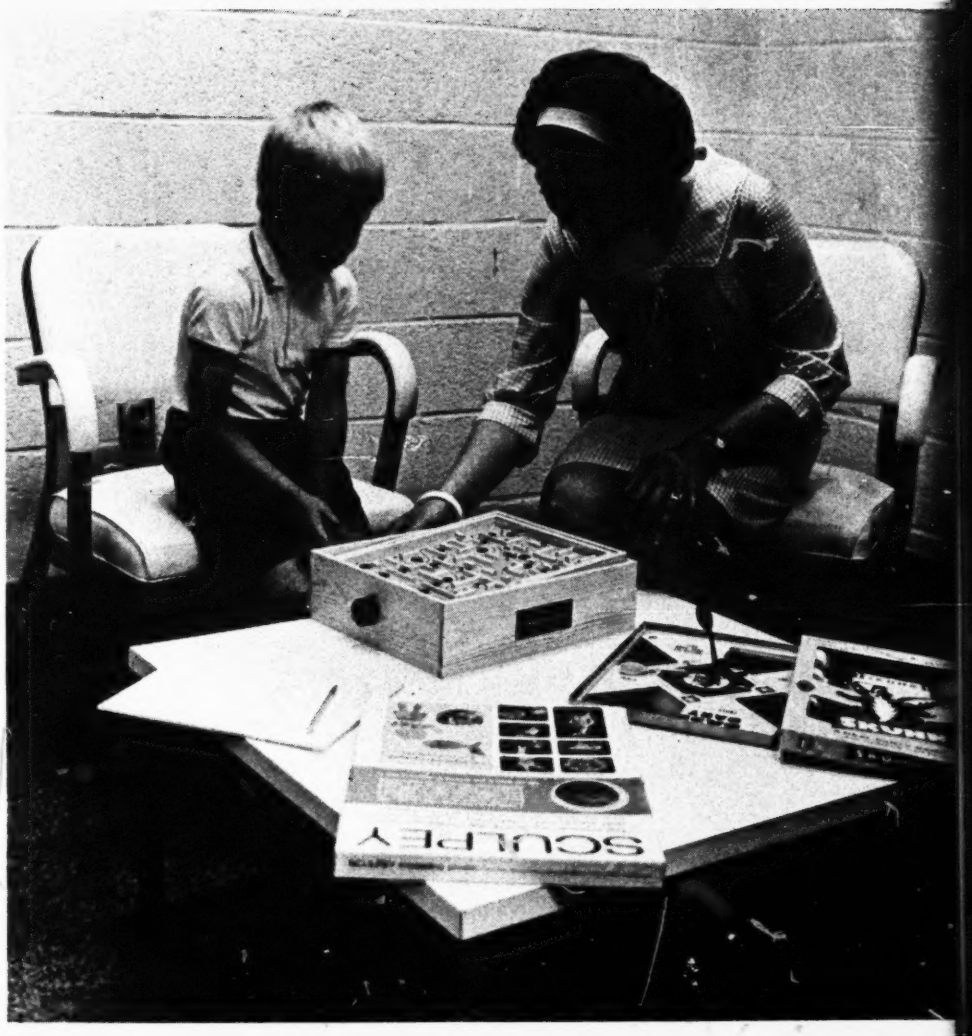

COUNSELING TECHNIQUES

MONOGRAPH

Editor and Contributor:
Robert H. Woody, Ph.D.

DEPARTMENT OF COUNSELING AND PERSONNEL SERVICES

COLLEGE OF EDUCATION
UNIVERSITY OF MARYLAND
AT COLLEGE PARK

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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CONTENTS

Selection	Page
Preface	
An Insightist's Encounter With Behavior Therapy Robert H. Woody	1 - 4
Client and Counselor: A Personal View Arnold M. Medvene	5 - 8
A Counselor's Game Kenneth R. Greenberg	9 - 10
Children's Games: Diagnostic and Therapeutic Uses Robert W. Freeman	11 - 14
Simulated Films in Counseling Paul G. Schauble	15 - 17
Using the Counselor's Self to Deal With Transference Robert H. Woody	18 - 21
Thought Change As A Supplement to Counseling Donald K. Pumroy	22 - 24
Self-Induced Age Regression: A Technique for Breaking a Repression Block in Therapeutic Counseling Robert H. Woody	25 - 30

Preface

One of the biggest crises facing the beginning counselors is what to do with their clients. Specifically, they are confronted with transforming what might seem like "Ivory Tower" theoretical knowledges into day-to-day practical techniques. On the other side of the fence is the counselor educator. He, too, feels the pressure to prepare his trainees to enter the counseling profession ready to be of beneficial service and this, of course, means having technical competencies to augment the academic knowledges. Unfortunately, this dilemma often leads to a view that training has to be one or the other; it must either be academic or technical. The ideal, however, is a combination. Typically this integration is the primary goal of the counseling practicum or the internship. When involved in this integration phase, the counselor educator and the counseling trainee alike are aware that there is a sparsity of published technical accounts. This Monograph is designed to provide technical materials. As will be noted, the papers are often very personalized and void of research documentation, and this is by design. The format was directed at allowing professional counselor educators to share their own technical ideas; the main criterion is: Has it worked in your practice? Thus, no claim is made for the universal applicability of any of the technical ideas presented herein, but hopefully the reader will be able to validate each technical facet within his own idiosyncratic set of characteristics.

Appreciation is expressed to Professor George L. Marx, Head of the University of Maryland's Department of Counseling and Personnel Services (College of Education), for administratively facilitating the publishing of this Monograph.

R.H.W.
College Park, Maryland
August 5, 1969

An Insightist's Encounter With Behavior Therapy

Robert H. Woody

In 1967-68, I had the opportunity of spending a year as a postdoctoral fellow at the Institute of Psychiatry (Maudsley Hospital), University of London, England. This is, of course, one of the foremost centers for behaviorism, having on its staff such behaviorists as Drs. Eysenck, Rachman, Gelder, Marks, Beech, and Shapiro. Being the product of an essentially traditional insight-oriented training background (which emphasized the works of Rogers and Sullivan), I had some mixed feelings about what such an experience might result in: Would I end up rejecting my theoretical heritage? Would I be unable to tolerate behaviorism, and thus spend a wasted year? The outcome was not what might have been predicted.

I found that, despite the Institute's being a mecca for behaviorists, certain professors and students had discovered the writings of Rogers, Truax, and other insight-counseling psychologists, and had become increasingly dissatisfied with the role definition for British psychologists, which involves considerable assessment but no treatment. What eventuated was that my study was transformed, in part, to teaching a series of seminars on client centered counseling, the first such training given to psychologists by the Institute (and I understand that subsequently plans were made to make such training a permanent part of the clinical psychology training program). My two behaviorist supervisors Drs. Shapiro and Beech, became apt students of American-style counseling.

In my own efforts to understand behavior therapy, I had the opportunity of attending lectures and seminars, participating in clinical and research activities at the Institute, and sitting in on the behavior therapy conducted

by several Institute graduates practicing in the outlying hospitals. From these sources, it became evident that there were many contaminating influences within behavior therapy; in other words, it was readily apparent that, while the results were attributed solely to conditioning processes, the behavior therapists frequently cultivated many of the relationship factors, such as empathic understanding and warmth which insight-oriented psychologists maintain are the reasons for change--yet these relationship factors are never credited with any influence in behavior therapy outcomes.

Although I was able to obtain some data, I regret to report that I was left with the impression that behaviorists, despite their claims of desiring an empirical base, were more reluctant to have a non-behaviorist analyze their work than were the analytic-oriented psychologists who were to serve as a contrasting sample (the professional personnel at the Tavistock Institute were most cooperative); as one example, one can note that essentially no published research study on behavior therapy uses tape recordings as the sources for analysis of processes by objective raters; there are only the written accounts of the therapists. The data that I did obtain supported that clients who received both behavior therapy and insight-oriented counseling or psychotherapy tended to perceive their treatment to be more effective than those who received only behavior therapy. Primarily it seemed that those who received both insight and behavioral treatment felt pleased that at least they had come up with some reasons as to why they might have developed their problem behavior, even if it were defined as a maladaptive habit, and had introspected about different coping behaviors that might be used when they returned to their home milieu without their previous problems. Specifically, sexual deviants treated solely by behavior therapy seem to have a high relapse

rate, and tentative data suggest that if they and members of their family also receive counseling (such as helping the wife adjust to having a husband who will depend upon her for gratification rather than his past fetish), the chances of longlasting success will be greater than if they have only behavior therapy--but this remains to be experimentally substantiated.

As for my own theoretical orientation, I found that I could not give up my belief in the value of the therapeutic relationship and insight, but conversely I could easily see how behavioral techniques could be very valuable. Therefore, I began (and have continued for the subsequent two years) to work toward the integration of behavioral techniques into insight counseling. As reported in detail elsewhere (Woody, 1968a, 1968b, 1969), I have found that there is theoretical compatibility and that the behavioral techniques can indeed be used in traditional counseling without destroying the relationship and the insight-seeking processes. Although I expect to work for further refinement, my guidelines for integrating a behavioral technique are: when I believe clinically that there is an unnecessary or detrimental barrier to the therapeutic progress or that there is a need for acceleration I use a behavioral technique, such as behavioral rehearsal, systematic desensitization, verbal reinforcement, or clinical hypnosis; a behavioral technique can be used to alleviate or eliminate an uncomfortable symptom, thereby allowing the client to proceed in the counseling free from discomfort (I do not find that use of a behavioral technique decreases incentive for counseling; rather, it serves to increase the client's motivation, apparently because he recognizes concrete benefits); and I use a behavioral technique when I encounter a client who will not or cannot respond to regular verbal insight counseling (although I am

against symptom removal in isolation, I also maintain that my primary responsibility is to help the client achieve a more acceptable state of functioning, and, if all else fails, this might well end up being a so-called "symptom removal technique"). Although not part of behavior therapy per se, when I use a behavioral technique I give counseling attention to such aspects as transference phenomena (which I find are frequently behind behavior therapy failures), termination anxiety, and follow-ups.

In retrospect, I find that my behavioral training at the Institute was worthwhile; I believe that I now realize what behavior therapy really is (as contrasted to what the behavioral preachers publish) and, more importantly, realize the attributes and limitations of insight approaches much better.

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Client And Counselor: A Personal View

Arnold M. Medvene

Counseling is a deep, moving I-Thou experience between two people or several people who are attempting to wrestle with the affective and cognitive complexities of the human existent. There is a great deal of theory and research written in the name of counseling, but it is extremely difficult to actually touch, taste, or smell what transpires within the sessions. But it appears to me that the understanding approach is at least as effective as any other approach. Understanding means respect for the individual and his self-autonomy, his right to freedom of choice, for self-determination of behavior, and for living his own life. Many people that I work with differ greatly in such areas as dependency, frustration, anxiety, passivity, and the like, but these differences are not crucial to therapeutic gain. What is crucial is my attempt to understand the feelings, needs, and desires of the person, and to respect them, not influence or control them.

The human personality is a conglomerate of ideas and feelings; therefore, to say that one technique or philosophy works for all clients is to me an enigma. Rather, I have a basic philosophy of people and of the world, but it is flexible and changing, very much like people and the world. But yet I am not espousing a fence-sitting, wishy-washy type of eclecticism, but more a personalized response to each client. Each person is different. Just as I am different each time I relate to another client.

The idea that years of training, studying, and experience have made me the teacher or "answer-man" in the client's crisis, rather than the client having the capability to arrive at self decisions, to take responsibility for these decisions and to commit himself to their offshoots, is assuming a

pontifical stance which is unacceptable. Rather, I feel the client has a tendency toward actualization. Or stated another way, the inherent tendency of man is to move in directions which can be described as growth, health, adjustment, socialization, self-realization, independence, and autonomy. This conception is simple and all encompassing.

In the human world the actualizing tendency expresses itself in a variety of ways. One common illustration is provided by the client learning to interact more openly and honestly in counseling and then transferring this experience to the outside world. The client need not be taught to respond freely. Because of the forward direction of growth and development inherent in the client's nature, he learns to be more human if only the proper conditions are present. This directional process is not smooth and unfaltering. The client interacts openly, is rebuffed and experiences anguish, loneliness, and a feeling of isolation. For several sessions, which may be a period of several weeks in actual time, the client may revert to insultation. But in spite of the agony and fear and in spite of total humanness at first being a less efficient way of relating than guarded humanness, the client tries again and again. The process is an agonizing struggle, but because of man's nature, the client continues with his efforts until he learns to respond honestly with the counselor and eventually his world. I personally feel that a fundamental characteristic of life is to move in the direction of increasing independence, self-regulation, and autonomy.

I do not set specific goals, specific problem solutions, or specific behavior changes for the client. My purpose is to provide a workable relationship which the client can use for his own personal growth. Included

in this concept is the expectation that the client is capable of meeting his concerns in a more positive way, and that his behavior will change in ways which are more mature and more self-enhancing. The problems and goals worked at in therapy are set by the client rather than the counselor. My purpose is to make possible self-desired change in the individual, not controlling or influencing people toward behavior desired by someone else.

An appropriate question at this time is: How is this accomplished? The fundamental principles and techniques are few and relatively simple, though it is no easy task to become proficient in their use.

The basic, most important technique in counseling is listening. In my relationships this means not jumping into direct the client's remarks, not breaking in to ask questions, and not demonstrating how verbal and clever I am. If the client is silent, I accept both the client and his silence, though it may be very threatening. Sometimes I simply assure the client that he doesn't have to talk, that it is all right to be silent.

Therapeutic understanding is seeing things from the client's perception of his world. I try to put myself in the client's place without losing my identity. A common example is when a client begins dealing with his familial world, it is necessary for me to enter this world to truly understand how things are operating within the client. This is accomplished through empathy, firsthand living experiences, and vicarious experiences.

I communicate this understanding by relating with the client as two human beings, not one sick person and one well person, and by avoiding patronizing reassurance, advice, questioning, and evaluation. Depending on the circumstances, a simple restatement of the client's thoughts, reflecting feeling and/or content, and remaining silent to allow the client

time to think. And most important for me, having the guts to enter my own world of feeling and share this with the client creates the basic messages that I both understand and accept this other person.

Non-verbal communication has become very important to me. It is a personal hang-up that I am currently working on, but the ability to share a part of me, excluding my verbal self, has been rewarding and exciting. My ability to reach out and touch another person in a stressful period has been very therapeutic. If not careful, I get caught up in the intellectual word game that counselors play and the idea of responding to basic feelings (e.g., leaving my protective chair, walking those long steps to where the client is seated, and sitting next to him, or grasping the client's hand at a difficult time) have shown me that this type of physical action also communicates that most important commodity: caring.

I have tried to share with you some of my ideas, feelings, and experiences in regard to what counseling is for me. Hopefully in these few pages, some of the wonder and beauty of sharing all of yourself with another person has been transmitted.

A Counselor's Game

Kenneth R. Greenberg

One of the lessons that the counselor must learn is that of listening to what is being said. Yet, for many counselors who may pride themselves on having learned this lesson well, the interview sounds more like an interrogation. Counselors ask a fantastic number of questions to counselees, who must certainly get tired of answering them and even irritated at the repetition of some questions. It is quite easy for the counselor to fall into the pitfall of becoming the master of the rising inflection.

To add insult to injury, many counselors create total frustration when they proceed to answer a question <u>with</u> a question! The counselee says to the counselor, "Why do you ask so many questions?" The counselor replies, "You feel I ask a lot of questions?" Exasperating is the only word to describe this scene!

Some time ago, I began to play a game with myself. I called it "The Under-Two-Game." Using a tape recorder to facilitate scoring, I simply became determined to resist asking questions. A perfect score for a counseling session would be, of course, no questions asked by the counselor. Using letter grades, I allowed from zero to two questions to represent an "A" grade. If I had to ask from three to five questions, I dropped to a "B" grade. Six to ten questions asked gave me a "C" or average grade, and if I asked from eleven to fifteen questions, I earned a "D." More than fifteen questions was failing.

To help win the game, I was forced to develop other techniques. I found, for example, that conversation was both possible and productive in the counseling session. It became interesting to note that before long I was

having sessions that were more spontaneous on the part of the counselee, more lively, and less threatening for the counselee.

I was forced to alter my inflectional patterns , begin more sentences with positive leads, such as, "That was interesting, I'd like to hear more about. . ." and "I notice that you refer to your father as . . . ." Above all, this game made me think very carefully about what I was going to say.

There are certain "No-No" words that will cause the player to lose points. "Who," "what," "when," "where," and "why" will usually lower your grade. So will, "in other words . . ." and would you like to . . . . " The biggest offender would be, ". . you feel that . . . ."

Try the game a few times. It isn't easy, but neither is good counseling. How long will it take you to become better than an average counselor? See, that question cost me one point. Don't waste points; you can even avoid wasting a point at the onset of the session by resisting the temptation to ask, "How are you today?" by substituting, "You look well today." If the counselee isn't well, you'll know it from his reply. The "Under-Two" game can change your counseling.

Children's Games: Diagnostic and Therapeutic Uses

Robert W. Freeman

Children's games have widespread use in many recreational and therapeutic settings. In fact, there is little work with children which does not include some allusion to or use of games. The types of games may be indoor or outdoor; require many players or just one; use standard equipment or be improvisational; have structured rules, or flexible standards; be homemade or commercial; require teams or use variable participants. (Naturally there are other continua and endless combinations of these categories.)

Games have been used and sometimes overused as tools for implementing learning. From the tester who covers the possible threat of a test by calling it "playing games" to the teacher who blithely trips from spelling "games" to word "games" to number "games," we would gather that children find games appealing. And, in fact, they typically do. Some of this appeal probably comes from the protected nature of a "game." Aspects of games may be like life: there may be triumph and disaster, cooperation and conniving. But a game has a relatively short time span, it has a beginning and an end, it can be dumped, smashed, and the pieces lost. The current of life, on the other hand, goes on in time, win, lose or draw.

Playing a game has another important feature. It typically involves interaction with one or more other players. This fact is seldom lost on children who know that the request "play a game with me" is hard for adults to turn down. With adults or other children, a game has come to mean an accepted form of participation and is often easier for the child to do than straight verbal interaction.

It is on these two points that I wish to mention the value that certain games have <u>in situ</u>. That is, there need be no manipulation of rewards, no trickery with the playing pieces, but a relatively standard use of the

standard game. Beyond the "fun" of playing, a standard game can serve additional functions of providing diagnostic information and therapeutic implementation.

This paper centers around uses of two types of table games in group and individual counseling situations: the simpler card games and the standard commercial (boxed) games.

Playing Cards (the standard 52 card pack) can be used as a diagnostic tool, as well as helping children to learn and practice various learning functions. The table below shows a few of the simpler card games which can be useful in working with children. These games are essentially "match" games. The participant is required to match stimuli on some dimension.

Card Game:	Learning
Red and Black Players each have a color, a match with the simultaneous turn of a card goes to that person. When not a match, cards accumulate and go to the next winner of the match.	Matching colors
Go Fish Players try to get 3 or 4 number matches by drawing or asking other players.	Identifying and matching numbers
Patience Players try to match two cards by number by turning cards from the pack spread out face down. Remembering the location of previous sets is important.	Matching by numbers; memory
War Players gain cards by having a higher card on a simultaneous display.	Discrimination by number: higher, lower, or same
Crazy 8's Players follow suit or number with one card as wild to change suit.	Making public discrimination by suit match or by number match
Rummy Players try to get at least 3 number matches or a number sequence of 3 by suit.	Making private discriminations of number; and sequence both by suit and match

These card games are played by most children of elementary school age. In a counseling situation they can be used as a diagnostic tool to determine level of functioning and if not known, can be taught easily by a brief lesson. As listed, these games form a developmental pattern of increased sophistication.

Three standard commercial boxed games will be mentioned here with comments about how they have been and can be used for therapeutic implementation. In the games presented below, the feature of interest is the symbolic meaning of the game. As a therapeutic intervention, comments can be made about game behaviors and attitudes which are easily translatable to real life situations. The game "situation" can serve as a vehicle for handling and understanding behavior.

Sorry is a game of moving pieces around a board to a goal. The play hinges around numbered cards drawn by chance. While there are skills of number recognition and counting, the game is essentially one of chance with a minimum of strategy. The appeal of the game to all children is apparently the erratic nature of the game for in two or three turns a player can get a man into the goal station. This rarely happens, but makes eleventh hour recovery always possible.

The handling of winning and losing in life is difficult for children with problems, but a microsystem of such a game permits experience in facing these situations. Children with ego control difficulties can benefit from practice as a way of building ego strength. The fact that there is acceptable retaliation built into the game through the Sorry cards tends to hold the child to the game.

The game of Parcheesi is another game where pieces are moved around a board to a home goal but this time by the throw of dice. This game has the notion or blockades whereby a player can set a barrier the other players cannot pass. One principle coming out of play is that massive blockading is usually disastrous and judicious blockades plus balanced moves are more effective. Children who use massive resistance to ward off interaction can be helped to see the benefits of balance through this game.

Skunk is a game of chance which consists of throwing dice and accumulating score, subject to losses of score or turns if one face on the die turns up. The incentive of gaining point chips heightens the interest in the game.

There are two phrases which have been useful in the game and also relevant to the handling of non-game behavior. The first is "Stop, while you're ahead." In dynamic terms it is a way of signaling that gains should be consolidated and that continuing the course of action will likely bring a loss (i.e., beware of going too far). In the game, a player stopping while he is ahead has a better chance of accumulating gains in an orderly way than trying to amass a lot of score in one turn. The statement appropriately made in the game is more understandable to the child who appears to be going too far in other life-style activities. A follow-up statement is: "Don't say we didn't tell you." As a statement it is germane to the action, but tends to highlight the cause-effect nature of behavior. The use of both catch phrases has an implication for behavior outside the game situation.

In a therapeutic situation, a good deal of energy may go into having children understand their feelings and behavior. Novelty aside, the game situation offers a succinct statement of a principle and seems to be heard quicker.

Simulation Films In Counseling

Paul G. Schauble

In a typical counseling session, clients do not usually come face-to-face with the kinds of interpersonal situations that are stressful for them and which have contributed to their seeking counseling. Previous research (Kagan and Schauble, 1969; Kagan, Krathwohl, et al., 1967) has led to the development of films which simulate emotional interpersonal confrontations. Preliminary research indicates that the technique is useful in accelerating client movement in counseling (Schauble, 1968).

The films simulate a variety of interpersonal situations. One (or more) of the film clips is shown to the client early in the counseling session. Each vignette is less than three minutes in length, and can be projected on a screen or piece of white cardboard in a fully-lighted room (usually the counselor's office). The counselor operates the projector and observes the reactions of his client to the vignette. The feelings that are stimulated in the client by the vignette serve as a departure point for the ensuing counseling session. The counselor encourages the client to generalize his feelings in this situation (of simulated hostility, fear, seduction, etc.) to real-life situations, including the stressful encounters that arise between client and counselor in the process of therapy.

It is believed that this method is most effective when there is opportunity to videotape the reactions of the client (Kagan and Schauble, 1969). It is then possible to replay the videotape immediately after the vignette, providing the client and counselor with a permanent record of the client's behavior in the (simulated) stressful situation. Small, portable videotape units are now available at reasonable prices and most counseling agencies should be able to

afford one (especially where there is opportunity for more than one counselor to have access to the equipment). While there are distinct advantages to using videotape playback, the films can be used effectively in counseling without it.

When the films are introduced in the counseling situation, the counselor generally makes an explicit statement about their purpose to the client. A sample introduction might be:

> We've been discussing the difficulty you have in relating to people, and it seems you feel most uncomfortable when you come in contact with the expression of feelings. We're going to watch some short films in which the person you see will be talking with you about some of his feelings. After the film is over, we'll try to identify the kinds of reactions you have to the film. This may help us to then identify the feelings you have when you really find yourself in this situation.

This approach seems to have two benefits for the counseling process. First, it introduces the client to the concept of exploring his emotions in the early stages of counseling. Immediate involvement in the simulated situation clearly defines for the client that one task in his counseling experience is the exploration of his feelings in interpersonal relationships. Second, the films stimulate reactions in the client that are immediate and observable to both client and counselor. The subsequent part of the counseling can then deal with present client feelings and behavior, which alleviates some of the confusion that results when the client attempts to recall and describe his feelings and behavior in past interpersonal situations.

The approach can also be used in groups; the group setting provides great potential for interpersonal feedback to each member. When the films are so used, it is generally helpful to have each member first share his personal reactions to the vignette, and then discuss how he perceives each of the other

group members reacting in such situations. The sequential focusing of awareness on one's own feelings in regard to a particular vignette and then the feelings one perceives the other members as having seems to facilitate interpersonal communication among group members to a marked degree.

Thus far the affect simulation technique has been used somewhat selectively. For example, we have been reluctant to use the films with "crisis" (e.g., suicidal) cases in the early stages of therapy. As we continue to use the technique, we are becoming more comfortable with its application to a wider range of clients, and feel that affect simulation has definite potential for accelerating client movement in a variety of counseling settings.

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Using the Counselor's Self to Deal With Transference

Robert H. Woody

For the analytically-oriented counselor, transference phenomena play an important, if not primary, role in the counseling process. From the counselor-client relationship, the client allows his conscious, preconscious, and eventually the emerging unconscious fantasies, attitudes, feelings, and conflicts involving psychically significant others to be displaced onto the counselor. In a sense, the counselor is given the opportunity of being a "man for all seasons" for the client.

Such import creates a critical challenge for the counselor. The counselor's personal values, morals, characteristics, and needs may be sorely tempted by such an awe-inspiring role: sometimes omnipotent and sometimes impotent, sometimes cherished and loved and sometimes hated and despised. But to ethically maintain his functions, the counselor must hold his own intrinsic needs and characteristics in awareness but outside of the main goal of helping the client with his, the client's, highly personal composition. Still, it is obvious that the personal components of the counselor could potentially be invaluable therapeutic aids if properly controlled and judiciously used. Therefore, the counselor striving for optimum efficacy must walk the ill-defined tightrope that leads to allowing himself in for the client's benefit and to extracting himself, again for the client's benefit (as well as for his own and the profession's welfare). The question is: How can the counselor best use himself and his self?

One technique that I have found useful for client's working through a particularly difficult transference problem is to allow myself to become the significant other; but this must not be artificial role-playing. I

should emphasize that care must be taken to assure that this does not occur because of the counselor's set of needs, but rather when a pressure from the client's needs is sensed, it should be weighed against the counselor's needs to estimate how much the latter might be coloring his perception. Once he decides that the client's needs require it, he can allow his personal (and, of course, professional) resources to be transformed to the significant other in order to better create or simulate the original or symbolic or sublimated frustrating conditions. Hopefully this facilitates the working-through process.

To exemplify this, let us take the case of a young married woman whom I have counseled; she had a history of fear of rejection from men and chronic excessive anxiety (and inability to achieve an orgasm) during sexual relations with her boyfriends and subsequently her husband. By the 14th session it was apparent to both of us that her feelings toward her father, because of his having abandoned her and her mother and because he had made several deliberate sexual overtures toward her when they did have encounters, were ambivalent to say the least. And this ambivalence was serving as a major barrier to further progress in counseling. In this session she expressed the culminating need: to have a father who could love her but not abuse her sexually (i.e., not violate societal mores) and who could let her be dependent. Without warning, I stated firmly "let me have your chair and you sit on the floor in front of me," i.e., as a child might sit at the feet of her father at home. Despite the dramatic quality (this was the first time either of us had moved from a conventional seating arrangement, her in a large upholstered chair and myself behind the desk), the client went on talking steadily and moved into a never before equalled affective introspection about her needs to be a child, to be

loved, and to be dependent on her father (which probably meant her husband as well). My physical assumption of the role seemed to accelerate and enhance her probing into the matter of her ambivalence about males upon whom she should depend. In the following session (the 15th), no comment was made about the actions in the previous session, but near the close of the session she was again groping with the issue of her father, and mentioned that her fantasy of the ideal father was a setting involving him combing her hair (her mother never would). Without comment, I held out my hand and she reached for a comb, handed it to me, and moved to sitting on the floor at my feet without interrupting her exploration of feelings of insecurity and of having never received expressed affection from her parents.

These examples are obviously physical actions, but they could also be illustrated by transformed verbal comments, i.e., the counselor speaking in a manner like or saying things similar to that which might be used by the significant other (the source of the transference). It should be emphasized that constant care is necessary. For example, with the aforementioned case, in subsequent sessions I sensed a tendency on her part to sexualize the actions that had occurred in the 14th and 15th sessions, and I carefully did not allow similar actions to occur again, but rather interpreted the possible relationship between her responses to me and to those which she might make to others, including her real father and her husband. To have continued the actions would have been detrimental to the counseling process.

This kind of assumption of activities, which is not to be confused with simple role-playing, done either verbally or behaviorally, if linked to a transference has proven to be helpful to my clients in their working-through efforts. Before using this technique, I did some clinical experimentation: for

a period, whenever the client started making demands on or assertions toward what seemed to be my personal qualities rather than my professional ones, I would ask myself how I could respond that would demonstrate acceptance of the transference. In other words, I translated essentially all reactions to me as manifestations of transference and hypothetically tested out what might be suitable actions and what might be the predicted outcomes. From this came my exploratory use of the actions.

Although this sort of technique can have potential (perhaps even matchless) value, it most certainly has dangers. Specifically, the counselor using this technique must have a high degree of self-understanding, conscious controls, and a repertoire of analytic techniques to successfully use the client-reactions in a therapeutic manner. The need for a counseling or psychotherapeutic experience as part of a counselor training program is definitely underscored.

Thought Change As A Supplement To Counseling

Donald K. Pumroy

This paper describes a technique that is essentially designed to help the client think particular thoughts. The principle behind it is that if it is possible to bring about an increase in certain thoughts, then it will, in turn, have an effect on behavior. Thus, if a person thinks confident, "top-of-the-world" thoughts, he will exhibit confident, relaxed, outgoing behavior.

This approach can be traced to Coue´ or Norman Vincent Peale, but it was Lloyd Homme´ who first described it in a technical and more precise manner. He stated that thoughts could be viewed in the same way as behaviors and it is heuristic and parsimonious to view them both as being subject to the same principles of learning. In this way, the principle of reinforcement could be applied to a particular thought; i.e., if that thought were followed by a reinforcement, then there would be an increase in the frequency of that thought. He also states that over a period of time a person may perform a behavior, then have a thought, then another thought, then perform a behavior in any random sequence. Homme´ realizes the difficulty in studying a thought, but states that if a thought is chained to a behavior then the thought can be studied through the behavior, even though the thought alone cannot be studied. He goes on to say that the Premack principle is applicable to both thoughts and behaviors. The Premack principle states that if a behavior with a high probability of occurrence is made contingent on a behavior with a low probability of occurrence then, in time, the behavior with a low probability of occurrence will increase in frequency. As an example, he uses the child who is having difficulty with spelling. If the child's father asks the child to spell "scooter" before he is allowed to play with his scooter, there would be an increase in spelling behavior. "Playing with the scooter" has a high

probability of occurrence, while spelling "scooter" initially has a low probability of occurrence.

This application of the Premack principle to thoughts has been used in a variety of situations by this author and his students. The first application was with individuals who wanted to reduce their cigarette smoking. Two male subjects generated throughts regarding the negative effects of cigarette smoking. They were then instructed to think these thoughts prior to a behavior that took place several times during the day (e.g., urination). Both subjects reported an increase in the frequency of the thought even at times other than those prescribed. After a little over two months, both subjects stopped smoking. They also stopped the ritual established, and resumed smoking after a month or so had elapsed.

A similar approach was used with two females interested in weight reduction. Again each subject prepared thoughts concerning her weight. These thoughts were chained to urination. Some weight loss followed, but it was difficult to determine whether it was due to the thought change or other variables.

The procedure was next used in a case with a 17-year-old girl who, among other things, was lacking confidence. As a desensitization procedure was being used at the end of the relaxation period, she was asked to think of herself as "pretty." She was encouraged to call up the feelings associated with the thought of being "pretty." She was then instructed to chain this thought and the feeling with looking in the mirror. She was also given a card to record the number of times she remembered to think the thought prior to looking in the mirror and the number of times she forgot. During each weekly session she was asked about the thought and feeling for the preceding

week and was told to continue the procedure. After a two month period, she reported thinking the thought at various times during the day (other than when she was looking in a mirror). She also reported that she felt much more confident and said that she was dating more and was much more relaxed during a date.

The procedure was next applied to a female college student who reported fairly severe depressions. She was interviewed in order to find a recent experience in which she felt happy and confident. The client reported that she felt confident when her English instructor had commented on her creativity (as evidenced by a paper she had submitted during his course). She was told to relax, close her eyes, and to recall the feelings that she had felt at that time. The thought to be used was "I am creative." After about six weeks, she reported feeling much less depressed and is presently quite engrossed in her school work.

A new project has only just begun with some black students in an attempt to help them develop more positive thoughts and feelings about being black. Pre-post data are being collected in an attempt to see if the technique results in measurable effects.

It would seem that this technique might be of value as a supplement to numerous problems encountered in counseling.

Self-Induced Age Regression: A Technique for Breaking a Repression Block in Therapeutic Counseling

Robert H. Woody

Regardless of the theory of counseling that one espouses and practices, be it even (or especially) client-centered or psychoanalytically oriented, there typically comes in the therapeutic counseling process a point at which introspective consideration is and should be focused on the client's relationships with key human figures. In general, these key figures might be characterized as those persons who have had the greatest influence on the formation of the client's attitudes and subsequent repertroire of behaviors, such as those who promulgate the basis for moral-ethical standards, social values, and (in a more negative sense) the stimuli that provoke anxiety in the client. Of course, the most important key figures in essentially every person's life are the parents.

Clinical experience has revealed that it is not at all uncommon for a client to "block-out" or, to use the psychoanalytic term, "repress" historical bits of information involving himself and potentially critical persons. There are any number of theoretical explanations as to why this occurs, and some theories would hold that this repression is, in fact, good and should be allowed to remain until such time as the client, i.e., his ego, is able to deal consciously with the material. There are, on the other hand, theoretical and practical considerations to support that it is detrimental to the client's well-being to allow these repressive blocks to remain and that technical action should be initiated to eliminate them, thereby allowing the counselor and client to proceed toward the goal of helping the client achieve optimal functioning.

There are several techniques that have proven to be of use in the breaking of repression.. Classically, the technique of catharsis in psychoanalysis had this as one of its objectives. Various technical modifications of clinical hypnosis, and specifically hypnoanalysis, hypnotic age regression, and revivification, often proved effective modes for "working through" the defensive barriers set up by repression and for uncovering new, more meaningful psychic material.. And free imagery, which involves the counselor-therapist's helping the client to create images of different scenes during the session (usually when the regular interactions seem to be rather unproductive) and to free associate about them, has proven useful.

Each of the foregoing techniques, however, requires active involvement by the counselor or therapist, and to the practically minded this means use of the valuable in-session therapeutic time. And with several of the techniques, particularly those based on hypnosis, it requires time-consuming efforts to train the client to perform the technical functions (not to mention the fact that the counselor-therapist may not even be trained in such specialized techniques, e.g., hypnosis).

An alternative technique that can successfully break through repression, produce valuable therapeutic material, preserve the time of the counselor-therapist, and eliminate the requirement for specialized training is self-induced age regression. The following describes the general format and guidelines.

1. When a client has clearly indicated, usually on repeated occasions, that he cannot recall episodes involving himself and the given key person and that he certainly cannot recall the affective concomitants of the relationship, he is instructed to [illegible]

a brief period of time each day (usually about twenty minutes will suffice) during which he very purposefully allows himself to relax. It might well be necessary for the therapist to train him in relaxation techniques, such as are commonly used in behavior therapy; research reveals that the counselor's time can be conserved if these training instructions are audio-taped, and, in general, this method is as effective as providing the instruction during the counseling session.

2. After the client has been trained or oriented to begin his home-sessions with self-induced relaxation (which typically means making a concentrated effort to exclude all thoughts of matters that would disrupt the relaxation exercise so that he is left with a relatively anxiety-free state of mind), he is instructed to focus on his relationship and interactions with the target key person during the present calendar year. He should be told to strive to recall both major and seemingly minor exchanges with the key person, and, in accord with the usual relaxation technique procedures, after refocusing on total relaxation again just prior to "awaking" (although he obviously is in no way "asleep" nor is he in a "trance" state), he should make a written record of the interactions he recalled. While it is a good "rule of thumb" to request a written record, which has the dual advantages of giving assurance that the material will not be repressed again before the next counseling session and of providing a sequential record that might yield valuable clinical hypotheses, there are many clients who will be so struck with the

images or recollections that they achieved that the written record is really not necessary. Incidentally, it should be pointed out that the client is not being asked to create "images" of scenes or interactions, because it is known that there are some clients who find this difficult and occasionnally impossible to do, even with extensive specialized training from the counselor or therapist.

3 After covering the present year, the client moves progressively back through the years to the beginning of his relationship with the key person. The client should be instructed to proceed at his own pace: that is, he may spend all of a single session on only a one year period, or he may even want to spend more than one session on the same year. On the other hand, there are clients who can adequately cover several years in one session.

It almost goes without saying that the efficacy of these efforts depends to a large extent on the motivation of the client; therefore, the counselor must give special attention to capitalizing upon his relationship with the client to foster cooperation, motivation, and self-regulated practicing.

It is surprising how this technique often accomplishes the desired effect of breaking through the repression regarding a critical person in a short period of time; for example, the use of this technique can result in a client's being able to move from essentially a total block about a key person to having extremely affective recollections in the space between one counseling session and the next. Regardless of how many sessions or weeks are devoted to these activities, there seems to be a sequence of six stages that occurs with successful clients: Stage I. The client is able to recall the key person being involved alone in some sort of incident, frequently an unemotional

situation. Stage II. The client can recall the person being involved with others, usually persons not intimately related to the client. Stage III. The client recollects the person being involved with someone with whom the client has an identification (which is frequently a strong one), such as a sibling, and at this time there may be a noticeable degree of affect entering into the material. Stage IV. The client recalls himself being involved with the key person, but it is more often than not in some sort of mechanistic, or rather unaffective activity. Stage V. The client has increasingly vivid recollections of himself intimately involved with the target critical person, and there may well be strong accompanying emotions. Stage VI. The client is able to have spontaneous conscious recollections during the counseling sessions that lead to movement on through the desired counseling processes.

Because of the actionist nature of this technique, some counselors might question whether there are "dangers" to using self-induced age regression. In general, it would seem justifiable to assert that this technique is no more dangerous, nor any more likely to thrust the counselor into problematic psychic territory, than any number of other techniques commonly employed in therapeutic counseling. For those with legal concerns, the counselor is not applying a hypnotic technique, he is merely training the client to be more effective in his introspections; it is an educational technique. It seems highly unlikely that this technique, which is totally within the client's ego controls (that is, the natural reaction of the ego would be to introduce a defense if the psychic mechanism moves into too-dangerous material during the self-induced practice sessions), would lead the client to a detrimental abreaction or the

highly exaggerated possibility of "precipitating a psychotic break." Undoubtedly, and indeed hopefully, there will be affect provocation via this procedure, but if the counselor is unable to handle this affect properly, then he should not be delving into therapeutic counseling in the first place.